

CERTIFICATE OF ASSUMED BUSINESS NAME

for persons (sole proprietorships, associations, or general partnerships)
engaged in business under a name other than their own (DBA)

STATE OF INDIANA, COUNTY OF _____

NAME OF BUSINESS: _____

NATURE OF BUSINESS: _____

ADDRESS OF BUSINESS: _____

PRINTED NAMES AND RESIDENCES OF MEMBERS OF BUSINESS:

_____ at _____
_____ at _____
_____ at _____
_____ at _____

FORM PREPARED BY: _____

SECTION TO BE COMPLETED BY/IN PRESENCE OF NOTARY PUBLIC OR COUNTY RECORDER

I hereby certify that I have personal knowledge of the facts stated above and that each of them are true.

Member's Signature Printed Name Capacity

Subscribed and sworn to before me, this ____ day of _____, 19 ____.

Signature of Notary/Recorder Printed Name County of Residence

(Notaries only) my commission expires _____

Filed on _____, 19____, _____, Recorder

I affirm, under the penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law (name).
